

Quantity Purchase Agreement With The State Of Indiana

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|---|---------------|----------------|
| Qty Purchase Agreement QPA Number 000000000000000000009910 | | Page 1 of 1 |
| Requisition Nbr.: | RFP/ASA5-5-29 | |
| Effective Date: | 08/15/2005 | |
| Expiration Date: | 08/14/2007 | |
| Agency Number: | | |
| Facility: | | |
| Vendor Federal ID: | 351746143 | |
| Vendor Telephone Nbr: | 317-849-1106 | |
| Name Of Contact Pers: | CAROL | |
| FAX Number: | 317-8410936- | |

Vendor AUTOMATED MAILING EQUIPMENT IN
Remit to: 7719 LOMA COURT
FISHERS IN 46038

Name and AUTOMATED MAILING EQUIPMENT IN
Address Cntct: CAROL
of Vendor: 7719 LOMA COURT
FISHERS IN 46038

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.
The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.
Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

| Line Number | Quantity | UNIT | Article and Description | Unit Price |
|-------------|----------|---------|-------------------------|------------|
| 1 | | 0.00 EA | Mailing Equipment | 0.0000 |

The Catalog is available at
<http://www.in.gov/idoa/proc/resources.html> or you may
contact Kathy Smith at 317.849.1106

All purchase orders for leased equipment should be made out
as follows:
Remittance Address:
Automated Mailing Equipment
C/O Hasler Financial Services
PO Box 45850
San Francisco, CA 94145
TIN/FID: 35-1746143

Ordering Address:
Automated Mailing Equipment
7719 Loma Court
Fishers, IN 46038
TIN/FID: 35-1746143

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
EA Each

| | | | | |
|---------------------------------|---|--|--|-------------|
| Signature of Purchasing Officer | Typed Name | | Signature Of Approval Office Of the State Attorney General | |
| | Date Signed | | Typed Name | Date Signed |
| Authorized Signature | Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053 | | | |